

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

68-023419

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 43

Primary Registration District No. 4057

Registrar's No. 1622

STATE FILE NUMBER

FILED JUN 25 1963

1. PLACE OF DEATH

a. COUNTY Butler

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Butler

c. CITY OR TOWN Qulin

Inside Limits
Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION
drowned in No. 1 ditch
Qulin, RFD #1

Inside Limits
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)
RFD #1

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED

First Middle Last
GILBERT FERRELL

4. DATE OF DEATH
Month Day Year
June 17 1963

5. SEX

male

6. COLOR OR RACE
white

7. Married ☐ Never Married ☐
Widowed ☐ Divorced ☒

8. DATE OF BIRTH
9-30-1926

9. AGE (last birthday)
36

IF UNDER 1 YEAR
Months Days

IF UNDER 24 HR
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done, during most of working life, even if retired)
farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
Cerro Gordo, Tenn.

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Kinney Ferrell

13b. MOTHER'S MAIDEN NAME

Ada Umfress

14. NAME OF HUSBAND OR WIFE

unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.
108 21 1100

17. INFORMANT

Address
William Ferrell Qulin, Mo. RFD #1

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Asphyxiation
Drowning

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE
☒ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18)
fell in a rain swollen drainage ditch

20c. TIME OF INJURY
Hour Month, Day, Year
about 5 p.m. 6-17-63

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
Farm

20f. CITY, TOWN, OR LOCATION COUNTY STATE
Near Qulin Butler Mo

21. I attended the deceased from _____, to _____ and last saw her alive on _____.
Death occurred at _____ 5:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title)
Grover W Greer Coroner

22b. ADDRESS
Poplar Bluff Mo

22c. DATE SIGNED
6-20-63

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE
June 20, 1963

23c. NAME OF CEMETERY OR CREMATORY
Qulin Cemetery

23d. LOCATION (City, town, or county) (State)
Qulin Missouri

24. FUNERAL DIRECTOR

ADDRESS

Landess Funeral Home, Campbell, Mo. 6/25/63

25. DATE RECD. BY LOCAL REG

26. REGISTRAR'S SIGNATURE

Howard W. M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/59

1 0120
2 0120
3
4 0
5 3
6
7 1
8 2
9 9291
10 3
11 012
12 91-3
13 1-1

JUL 9 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Richard V. Beall

Licensed Embalmer No. 5116

P. O. Address Malden, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.